Docket No. 18032 (AT 20958-2108)
PATENT

AUG 3 0 2004 EG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Norris et al.

Art Unit: 2833

Serial No.: 10/624,230

Examiner: Vu, Hien D.

Filed: July 22, 2003

:

For: SPRING ASSISTED LEVER

ACTUATED SOCKET

TRANSMITTAL LETTER

Mail Stop: Amendment

Hon. Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

- 1. We enclose the following documents:
- Amendment Transmittal (3 pgs.), in duplicate
- Amendment in Response to Office Action dated June 17, 2004 (8 pgs.)
- Copy of Information Disclosure Statement filed January 12, 2004 (2 pgs.)
- Return postcard

STATUS

| 2. Applicant | |
|--------------|-------------------------------|
| | claims small entity status. |
| X | is other than a small entity. |

CERTIFICATE OF MAILING/TRANSMISION

Express Mail No. EV504790002US

I hereby certify that this correspondence is, on the date shown below, being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: August 30, 2004

Bruce T. Atkins, Registration No. 43,476

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314-621-5070

EXTENSION OF TERM

| 3. | The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. | | | | | | | | | |
|---|--|--------------------------------|-----------------------------|----------------------------------|--|--|--|--|--|--|
| | ирріу. | (complete (a) or | (b), as applicable) | | | | | | | |
| | (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:) | | | | | | | | | |
| | | Extension for response within: | Other than small entity Fee | Small entity Fee (if applicable) | | | | | | |
| | | first month | \$ 110.00 | \$ 55.00 | | | | | | |
| | | second month | \$ 420.00 | \$ 210.00 | | | | | | |
| | | third month | \$ 950.00 | \$ 475.00 | | | | | | |
| | | fourth month | \$1,480.00 | \$ 740.00 | | | | | | |
| | | fifth month | \$2,010.00 | \$ 1,005.00 | | | | | | |
| | | | Fee: | \$ | | | | | | |
| If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable) An extension of months has already been secured. The fee paid | | | | | | | | | | |
| therefor \$ is deducted from the total fee due for the total months of extension now requested. | | | | | | | | | | |
| Extension fee due with this request \$ | | | | | | | | | | |
| | OR | | | | | | | | | |
| | (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time. | | | | | | | | | |

FEE FOR CLAIMS

| | (Col. 1) | | (Col. 2) | (Col. 3) | SMALL ENTITY | | OTHER THAN SMALL ENTITY | | | |
|--|--------------------------------------|--------------|---------------------------|-----------------|-------------------------|----|-------------------------|--|--|--|
| | CLAIMS REMAINING AFTER | | HIGHEST NO. PREVIOUSLY | PRESENT | ADDITIONAL. | - | ADDITIONAL | | | |
| | AMENDMEN | MINUS | PAID FOR | EXTRA = | RATE FEE x \$9 = \$ | OR | RATE FEE x \$18 = \$ | | | |
| TOTAL INDEP. | | MINUS | | = | x \$43 = \$ | | x \$86 = \$ | | | |
| | FIRST PRES | SENTATION OF | MULTIPLE DEP. (| CLAIM | +\$145= \$ | | + \$290 = \$ | | | |
| | | • • • | | | TOTAL ADDITIONAL FEE \$ | OR | TOTAL ADDITIONA FEE \$ | | | |
| (a) X No additional fee for Claims is required | | | | | | | | | | |
| | | | | OR | | | | | | |
| (b) Total additional fee for claims required \$ | | | | | | | | | | |
| | | | FEH | E PAYME | NT | | | | | |
| 5. | Attached is a check in the sum of \$ | | | | | | | | | |
| Charge Deposit Account No. 01-2384 the sum of \$ A duplicate of this transmittal is attached. | | | | | | | | | | |
| | | | FEE | DEFICIE | NCY | | | | | |
| 6. X If any additional extension and/or fee is required, charge Deposit Account No 01-2384. | | | | | | | | | | |
| | | | | AND/OR | | | | | | |
| X If any additional fee for claims is required, charge Deposit Account No. 0 2384. | | | | | | | | | | |
| 7. | Oth | ner: | | | | | | | | |
| | | | | <u>–</u> Bru | ce T. Atkins | | Mms | | | |

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